**CADET NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL**

11. 659 Brock Squadron will be travelling with over-the-counter medications that may be administered if necessary and with prior parent’s/guardian’s consent. Only the First Aid Officer will administer these medications. Dosage instructions will be followed as per package instructions. On the consent form below, parents/guardians are requested to initial if they agree or disagree to have certain medications administered to their son/daughter/ward during the course of the trip.

12. **Prescribed medications MUST be carried to the site by the cadet in a pharmacy-labelled bottle with current doctor's dosage orders clearly typed**. Your son/daughter/ward should bring only enough medication for the trip (plus a little extra in case of spillage).

13. Medical Alert Bracelets. Please arrange for your son/daughter/ward to wear a medical alert bracelet as recommended by your physician or pharmacist for life threatening allergies or for complicated medical conditions. Complicated or multiple issues may require a written, detailed explanation be kept on the cadet's person while travelling, in case he or she is separated from the Commanding Officer/Officer-in-Charge.

14. Parents/Guardians are **requested to initial** if they agree or disagree to have the medications listed below administered if necessary by the Commanding Officer/Officer-in-Charge/First Aid Officer to their son/daughter/ward during the course of the trip.

TYLENOL 325 mg tablets for pain or fever will be administered according to package directives. Agree: □ Disagree: □

IBUPROPHEN tablets for pain relief, muscle pain and reduce fever will be administered according to package directives.

Agree: □ Disagree: □

GRAVOL 50 mg tablets for travel nausea will be administered according to package directives.

Agree: □ Disagree: □

DIPHENHYDRAMINE (Benadryl) for symptoms of allergic rhinitis, motion sickness and insect bites and stings will be administered according to package directives.

Agree: □ Disagree: □

ROBITUSSIN DM syrup for cough suppression will be administered according to package directives.

Agree: □ Disagree: □

15. Cadets travelling with prescription drugs are requested to list them below.

Prescribed Medication

Reason

16. Cadets are requested to provide a list of their known allergies

**PARENTS SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**